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THOMPSON & KNIGHT LLP

ATTORNEYS AND COUNSELORS

1700 PACIFIC AVENUE + SUITE 3300 DALLAS, TEXAS 75201-4895 (214) 989-1700 FAX (214) 969-1751 www.lkiaw.com

DIRECT DIAL: (214) 969-1749 EMAIL: James.Murphy@lidaw.com AUSTIN
DALLAS
FORT WORTH
HOUSTON
NEW YORK

ALGIERS
LONDON
MEXICO CITY
MONTERREY

PARIS RIO DE JANEIRO VIT**Ó**RIA

FACSIMILE COVER LETTER

TO:

Mail Stop Amendment, Commissioner of Patents

FROM:

James Murphy

SUBJECT:

Serial No. 10/811,715

DATE:

February 28, 2008

CLIENT/FILE #:

021615.500168

FAX NO.:

(571) 273-8300

PAGES: /3

An Amendment Response to Office Action (Office action dated November 19, 2007) follows.

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PTO/SB/21 (01-08)
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	Application Number	10/811,715
TRANSMITTAL	Filing Date	03/29/2004
FORM	First Named Inventor	Tom Gong Lei
	Art Unit	2819
(to be used for all correspondence after Initial filing)	Examiner Name	Lauture, Joseph J.
Total Number of Peges in This Submission	Allorney Docket Number	1459-CA (P283US)
ENCLOSURES (Check all that apply)		
	Orawing(s) Licensing-related Papera	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Progression	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD ks TNo. 25,133	Appeal Communication to TC (Appeal Notice, Brist, Raply Brist) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):
SIGNATURE O	F APPLICANT, ATTO	RNEY, OR AGENT
Firm Name Thompson & Knight LLP		
Signature James / Thurshall	,	
Printed name James J. Murphy		
Date 20. 28, 08	F	Reg. No. 34,503
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Petente, P.O. Box 1450, Alexandria, VA 22313-1450 on		
Signature Marylo Kr	nut.	·
Typed or printed name MaryJo Kraut	<u> </u>	Date 2/28/08

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Name (Print/Type) Dames J. Murphy

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0851-0032 U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/811, 715 Filing Date 03/29/2004 For FY 2008 First Named Inventor Tom Gong Lei **Examiner Name** Lauture, Joseph J. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2819 TOTAL AMOUNT OF PAYMENT 220.00 Attorney Docket No. 1459-CA (P283US) METHOD OF PAYMENT (check all that apply) Check Crcdit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 20-0821 Deposit Account Name: Thompson & Knight LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated balow Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Fee (\$) Fees Paid (\$) Fee (\$) Application Type Fee (5) Fee (\$) Fee (\$) Fee (\$) Utility 310 210 155 255 105 130 Design 210 105 100 50 65 **Plant** 210 105 310 160 80 155 Reissuc 310 155 510 620 310 255 Provisional 210 105 0 n 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 (including Reissues) 105 210 Each independent claim over 3 (including Reissucs) 370 185 Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims ፤ **ጋ**ሬ -20 or ⊯ = 100,00 Fee (\$) Fee Paid (\$) 50.00 HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) 888827 288821 Indep. Claims <u>na</u> 3 •3 or 6 = Fee Paid (\$) 16811715 02/29/2008 VBUI11 0 HP = highest number of independent claims paid for, if greater than 3. 109.09 DA 01 FC:1202 **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Extension of Time (one month) SUBMITTED BY Registration No. 34,503 Telephone (214) 989-1749 Signature

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